



Central Jersey Genealogical Club

PO Box 9903, Hamilton, NJ 08650-1903

<http://www.rootsweb.com/~njcjc>

MEMBERSHIP APPLICATION

(Please Print)

NAME: _____

NAME TAG(S) SHOULD READ: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP+4 : _____

HOME PHONE: (_____) _____ ANS. MACHINE ____ YES ____ NO

WORK PHONE: (_____) _____

EMAIL ADDRESS: _____

INCLUDE IN MEMBERSHIP DIRECTORY (distributed to members only):

Address: ___ Yes ___ No **Phone:** ___ Yes ___ No **Email:** ___ Yes ___ No

HOW DID YOU LEARN ABOUT CJGC? _____

IN ORDER FOR US TO BETTER HELP YOU, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Rate your genealogy experience: Beginner _____ Intermediate _____ Experienced _____

Surnames presently being researched: _____

Countries of genealogical interest: _____

U. S. states of genealogical interest: _____

Topics of genealogical interest: _____

Field trips of interest: _____

Please make checks payable to: Central Jersey Genealogical Club.

Enclosed is my membership fee for calendar year January 1 through December 31.

_____ \$25 Individual _____ \$40 Family (one address)

SIGNATURE: _____ DATE: _____